

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. 09762044 | FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	1			
5	1			
6	5			
7	5			
8	1			
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